12589

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH · COUNTY: Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District 8 — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Almeda (Middle) (Last) BAER				4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1952 19	
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH: Dec. 1, 1869	9. AGE last birthday: 82 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Garrett CO. Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John Bramble			14. MOTHER'S MAIDEN NAME: Christina Knepp		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs. ROY GIBBS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Failure

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Renal disease

(c) with Generalized edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Nov 25, 1952, that I last saw the deceased alive on Nov 24, 1952, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Calandrella	M.D	Kitzmiller Md	

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11/28/52	NAME OF CEMETERY OR ~~CREMATORY~~: Fairview	LOCATION (City, town, or county) (State): Garrett Co., Md.
DATE REC'D BY LOCAL REG.: 11/28/52	REGISTRAR'S SIGNATURE: Elmer C. Shaffer	24. FUNERAL DIRECTOR: J. D. Duncan	ADDRESS: Thomas, W.V a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12590 Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rt. 2 - Oakland
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) Cleveland (Last) Brickman
4. DATE OF DEATH (Month) (Day) (Year): November 4 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/11/96
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Dairy Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Eglon, W Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry Brickman
14. MOTHER'S MAIDEN NAME: Lillie Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 236-12-0252
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 2½ hr

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): A. J. Baumgartner M.D.
ADDRESS: Oakland Md
DATE SIGNED: 11/5/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: Nov-7-1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 11/7/1952. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H. E. Kriggle — ADDRESS: Davis W. Va.

VS. A15A

RECEIVED
NOV 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12591

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Bittinger

LENGTH OF STAY (in this place): 3 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Bittinger

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) MAHLON (Middle) S. (Last) BRENNEMAN

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Dec. 21, 1869	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer (Owner)	Farm work	Bittinger, Md.	U.S.A.

13. FATHER'S NAME: Samuel J Brenneman

14. MOTHER'S MAIDEN NAME: Mary Otto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	none	Mrs. Agnes Brenneman, Bittinger, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Carcinoma of Transverse Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 11, 1952, to Nov. 5, 1952, that I last saw the deceased alive on Nov. 5, 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Milton Zepper	M.D.	Friendsville Md	Nov 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 14, 52	Bittinger	Bittinger, Garrett Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/17/52	J. P. Emory	Wm Winterberg	Grantsville, Md.

COPY SENT TO LOCAL REGISTRAR No.____ DATE_____

RECEIVED
NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12592

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Lake Park
LENGTH OF STAY (in this place) 24 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 33 Broadway

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mary Jane Jennie Eveland
4. DATE OF DEATH (Month) (Day) (Year) Nov 16 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 10 Jan 1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME ~~Amos~~ ~~Eveland~~ Joseph Stewart
14. MOTHER'S MAIDEN NAME Mary Jane Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 193-26-3736
17. INFORMANT AND ADDRESS Daniel R. Eveland 33 Broadway Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic cardio-

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Oct, 1952, to 16 Nov, 1952, that I last saw the deceased alive on 15 Nov, 1952, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J. Lusky M.D. ADDRESS Oakland, Md. DATE SIGNED 16 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 17 Nov 52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Philadelphia Pa.

DATE REC'D BY LOCAL REG. 11/16/52
REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR ES Boal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1952
BUREAU V. R.

12593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ALBRIGHT W.VA. COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GILBERT (Middle) ---- (Last) EYE
4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1952 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1917
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self
10b. KIND OF BUSINESS OR INDUSTRY CARPENTER
11. BIRTHPLACE (State or foreign country) W.VA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME EYE, WILLIAM CLARK
14. MOTHER'S MAIDEN NAME MULLENIX. SADIE K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 209-09-4398
17. INFORMANT AND ADDRESS Mrs. Mason Lambert Albright, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MININGITIS	1 DAY
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BRAIN ABSCESS	6 MO.
	(c) SUPPURATIVE OTITIS MEDIA	5 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT., 1952, to NOV., 1952, that I last saw the deceased alive on NOV. 7, 1952, and that death occurred at 11:57 P.M. m., from the causes and on the date stated above.

SIGNATURE John B. Harley, M.D. (Degree or title) ADDRESS Lina Alta, W.Va. DATE SIGNED 8 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/10/1952
NAME OF CEMETERY OR CREMATORY Whitmer Cemetery
LOCATION (City, town, or county) (State) Whitmer, W. Va.

DATE REC'D BY LOCAL REG. 11/10/1952
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)

CERTIFICATE OF DEATH

Reg. Dist. No. 121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A55 8-51

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
LENGTH OF STAY (in this place) about 4 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) JACOB (Middle) (Last) FAZENBAKER
4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Dec. 6, 1856	95 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Stonemason		Garrett Co., Md.	U.S.A.

13. FATHER'S NAME: Andrew J. Fazenbaker
14. MOTHER'S MAIDEN NAME: Virginia Fazenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS
	none	Mrs. Rosella Fazenbaker, Bittinger, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
502.1 Immediate cause	(a) Heart Disease.	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Bronchitis.	
DUE TO		
	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
---		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---		---		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
--- M.		---

22. I hereby certify that I attended the deceased from 1---1..., 1952, to 11--18th 52, that I last saw the deceased alive on 11--10, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
M.D. Oakland Maryland.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 21, 52	Bittinger	Bittinger, Garret Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/24/52	L B Emory	Wm Whitebay Grantsville, Md.

Dr P.R. Wilson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Dominick (Middle) Bernard (Last) Flynn
4. DATE OF DEATH (Month) Nov (Day) 15 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6 April 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner Retired
10b. KIND OF BUSINESS OR INDUSTRY Coal Mine
11. BIRTHPLACE (State or foreign country) Beryl, W.Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Michael Flynn
14. MOTHER'S MAIDEN NAME Annie Flynn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Francis Flynn Bloomington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis and Mycordial Degeneration Not Specified as Rheumatic — Interval Between Onset and Death: Two Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1952, to Nov. 15, 1952, that I last saw the deceased alive on Nov. 13, 1952, and that death occurred at 6:10 a. m., from the causes and on the date stated above.

SIGNATURE Paul R Wilson (Degree or title) M.D. ADDRESS Piedmont, W. Va. DATE SIGNED Nov. 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 18 Nov 52
NAME OF CEMETERY OR CREMATORY St Peters Cemetery
LOCATION (City, town, or county) (State) Westernport, Md

DATE REC'D BY LOCAL REG. 11/17-52
REGISTRAR'S SIGNATURE Doris Pattison
24. FUNERAL DIRECTOR E.S Boal ADDRESS Westernport, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 18 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CRELLIN, MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN? MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JERRY (Middle) JOHN (Last) FRIEND

4. DATE OF DEATH (Month) NOVEMBER (Day) 2, (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 10-19-1893
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED
11. BIRTHPLACE (State or foreign country) MARYLAND Sang Run
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME FRIEND, JOHN W.
14. MOTHER'S MAIDEN NAME MARKLEY, MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-10-2821
17. INFORMANT AND ADDRESS Mrs. Jerry J. Friend, Crellin, Md. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial heart disease — Interval Between Onset and Death: 3 years

416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic heart disease — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1948, to Nov. 2, 1952, that I last saw the deceased alive on 1 Nov, 1952, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE R. E. Chance (Degree or title) MD ADDRESS Oakland DATE SIGNED 2 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/4/1952
NAME OF CEMETERY OR CREMATORY Ashby Cemetery
LOCATION (City, town, or county) (State) Crellin, Md.

DATE REC'D BY LOCAL REG. 11/4/1952
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Garrett, Blooming Rose MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville, Md
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry Harrison (Last) Friend, Jr.

4. DATE OF DEATH (Month) 11/10/1952 (Day) (Year) 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 6/15/1860

9. AGE last birthday 92 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of a Farm

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Blooming Rose, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. H. H. Friend, Sr.

14. MOTHER'S MAIDEN NAME Sarah Kelley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Martha Friend, Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

1X Immediate cause (a) Myocarditis - Edema - Senility - Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Carcinoma 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951 19 , to 11-10-, 1952, that I last saw the deceased alive on Nov-8, 1952, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE H. B. Messmore (Degree or title) M.D. ADDRESS Addison Pa DATE SIGNED 11-10-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/12/1952

NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery.

LOCATION (City, town, or county) (State) Near Friendsville, Md

DATE REC'D BY LOCAL REG. Nov 1-12-1952

REGISTRAR'S SIGNATURE Kathryn Fike

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY CARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (In this place) 25 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CARRETT CO., MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY CARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JANE (Middle) Fosbrink (Last) GARLITZ
4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 19-52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	7-1-1874	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		PENN'A.	U.S.

13. FATHER'S NAME Harmon Fosbrink
14. MOTHER'S MAIDEN NAME Susana Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Samuel Fosbrink, Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
Immediate cause	(a) Uremia -	4 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) diabetis	2 year
	(c) Arteriosclerosis	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

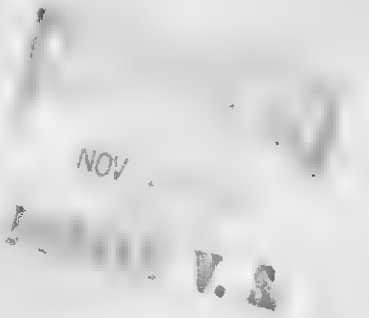
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 19 52, to 11-14, 19 52, that I last saw the deceased alive on 11-14, 19 52, and that death occurred at 4:06 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. E. Mance MD Oakland Md 15 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/17/1952
NAME OF CEMETERY OR CREMATORY Friendsville Cemetery
LOCATION (City, town, or county) (State) Friendsville, Md

DATE REC'D BY LOCAL REG. 11/17/52
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR ADDRESS
Emroy D. Bolden Oakland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

1. PLACE OF DEATH: COUNTY GARRETT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND; LENGTH OF STAY (in this place) Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO., MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY GARRETT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) Railey (Last) KNOX

4. DATE OF DEATH: (Month) 11- (Day) 6- (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 3-26-1874

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND, BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BAILEY, WILLIAM

14. MOTHER'S MAIDEN NAME: HOOVER, SARAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Murry Knox., MT. LAKE PARK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4201

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5 19 5x, to 11/6 19 5x, that I last saw the deceased alive on 11/6 19 5x, and that death occurred at 5:37 p.m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (Degree or title) M.D. ADDRESS Oakland, Md. DATE SIGNED 11/7/5x

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/8/52; NAME OF CEMETERY OR CREMATORY Thayerville Cemetery; LOCATION (City, town, or county) (State) Thayerville, Md.

DATE REC'D BY LOCAL REG. 11/8/1952; REGISTRAR'S SIGNATURE Julia Brown L.R.

24. FUNERAL DIRECTOR Murray D. Bolden; ADDRESS Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park; LENGTH OF STAY (In this place) 56 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. So. Deer Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park; STREET ADDRESS (If rural, give location) 2 Mi. So. Deer Park, Md.

3. NAME OF DECEASED (Type or Print): (First) Jahu (Middle) Wellington (Last) Landis

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 19[illegible]2

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 10/20/1896

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track man Section Hand

10b. KIND OF BUSINESS OR INDUSTRY: B.& O. R. R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Landis

14. MOTHER'S MAIDEN NAME: Mary Ann Shirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1st W. W.

16. SOCIAL SECURITY NO. 705 05 9390

17. INFORMANT AND ADDRESS: Elvin Landis Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Right Subdural Hemorrhage — Interval between onset and death: 2 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home near; (CITY OR TOWN) Deer Park; (COUNTY) Garrett; (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 16-52 12 A m.; INJURY OCCURRED While at work ☐ Not while at work ☑; HOW DID INJURY occur? Fell down Stairs

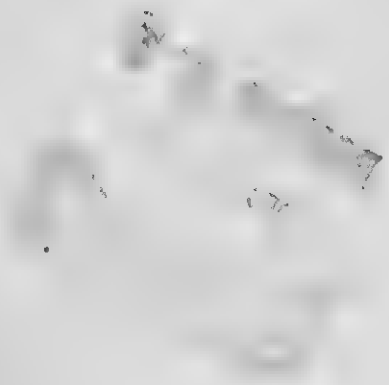
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Oakland Md. DATE SIGNED 11/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/18/1952; NAME OF CEMETERY OR CREMATORY King Cemetery; LOCATION (City, town, or county) 1 Mi. East Mt. Lake Park, Md. (State)

DATE REC'D BY LOCAL REG. 11-18-1952; REGISTRAR'S SIGNATURE [illegible]; 24. FUNERAL DIRECTOR Herbert C. Leighton; ADDRESS Oakland, Md.

VS. A15A



M P R Wilson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton-Rural
LENGTH OF STAY (in this place) 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 mi W of Barton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton Rural
STREET ADDRESS (If rural, give location) 5 mi West of Barton

3. NAME OF DECEASED: (Type or Print) (First) EZRA (Middle) (Last) Michaels
4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 14 Oct 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Firm Rock, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kelita Michael
14. MOTHER'S MAIDEN NAME: Jane Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Ezra Michael - as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
32 IX Immediate cause	(a)	Cerebral Hemorrhage	2 Days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis	10 Years
	DUE TO		
260X	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 Years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1946, to Nov. 22, 1952, that I last saw the deceased alive on Nov. 22, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Paul R Wilson (DEGREE OR TITLE) MD ADDRESS Piedmont W.Va. DATE SIGNED Nov. 24, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 25 Nov 52
NAME OF CEMETERY OR CREMATORY Michael Cemetery
LOCATION (City, town, or county) Garrett County (State) Md

DATE REC'D BY LOCAL REG. Nov. 25 1952
REGISTRAR'S SIGNATURE Dorsey Pattison
24. FUNERAL DIRECTOR E. S. Boal ADDRESS Western part. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Bethelam MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. Rural
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Noah (Middle) Gilbert (Last) Moon.

4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 7/4/1893
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Digger
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Schell, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Issac Moon.
14. MOTHER'S MAIDEN NAME Julia Uphole.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War (If yes, give war or dates of service) 1
16. SOCIAL SECURITY NO. 216-01-4021
17. INFORMANT AND ADDRESS Gilbert Moon, Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2½ hr

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. J. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 11/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/10/1952
NAME OF CEMETERY OR CREMATORY White Church Cemetery
LOCATION (City, town, or county) (State) Garrett County, Md.

DATE REC'D BY LOCAL REG. 11/10/52
REGISTRAR'S SIGNATURE Julia A. Rawson L.R.
24. FUNERAL DIRECTOR Nurse D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIDA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland, LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Paugh.

4. DATE OF DEATH (Month) 11/ (Day) 12/ (Year) 1952 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 2/7/1874

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Grantsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George L Kolbfliesch.

14. MOTHER'S MAIDEN NAME Elizabeth Ann Ringler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS George Paugh-Oakland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 month? years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 July, 1949, to Nov 12, 1952, that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby M D (Degree or title) ADDRESS Oakland, Md DATE SIGNED Nov 12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/12/1952

NAME OF CEMETERY OR CREMATORY Oakland, Cemetery

LOCATION (City, town, or county) (State) Oakland, Maryland.

DATE REC'D BY LOCAL REG. 11/14/52

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Leroy D. Bohlen, ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 4 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice BABY (Middle) GIRL Marie (Last) ROSS

4. DATE OF DEATH (Month) NOV. (Day) 13 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH NOV. 18, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ROSS, CHARLES ORVAL JR.
14. MOTHER'S MAIDEN NAME FRIEND, JANICE L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS CHARLES O. ROSS, JR. FRIENDSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anenrephalic Monster

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1952, to 11-18, 1952, that I last saw the deceased alive on 11-18, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE James H. Teaster Jr. (Degree or title) M.D. ADDRESS 58 2nd St. Oakland, Md DATE SIGNED 11-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/20/1952
NAME OF CEMETERY OR CREMATORY Friendsville Cemetery
LOCATION (City, town, or county) (State) Friendsville, Md

DATE REC'D BY LOCAL REG. 11/20/52
REGISTRAR'S SIGNATURE Julia A. Rawson L.R.
24. FUNERAL DIRECTOR Emroy D. Boldey ADDRESS Oakland, Md

X 2453405

24999

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Oakland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS as Above

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. Berks COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wyomissing
STREET ADDRESS (If rural, give location) 1122 Penn Avenue

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Francis (Last) Scholes.
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/8/1914
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President
10b. KIND OF BUSINESS OR INDUSTRY Const. Co.
11. BIRTHPLACE (State or foreign country) Springfield, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Thomas Scholes
14. MOTHER'S MAIDEN NAME Blanche Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 717-07-6107
17. INFORMANT 1425 Cleveland Ave Donald Charlton, Wyomissing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Accidental Third Degree Burns Entire Body	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Fractures of Skull	Instant
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Mountain side 1½ m. N.E. (CITY OR TOWN) Gregg Church (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) Nov (Day) 23 (Year) 1952 (Hour) 8 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Airplane crashed against mountain

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. J. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED Nov. 29-1952

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE THEREOF 12/1/52 NAME OF CEMETERY OR CREMATORY Charles Evans " LOCATION (City, town, or county) (State) Reading, Pa. Berks Co

DATE REC'D BY LOCAL REG. 12/1/52 REGISTRAR'S SIGNATURE Julia A. Towan L.R.
24. FUNERAL DIRECTOR Emroy W. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12605

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
LENGTH OF STAY (in this place) 9Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#3, Chestnut Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shaw
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) TACY (Middle) JANE (Last) WELCH
4. DATE OF DEATH: (Month) NOV. (Day) 30, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 22, 1866
9. AGE last birthday: 86 yrs. If under 1 year: Months / Days: 8 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Garrett Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB WALTERS
14. MOTHER'S MAIDEN NAME: MARY WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Walter Welch, Shaw, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 1 week
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (Heart Disease) — ?
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Nov 30, 1952, that I last saw the deceased alive on Nov 29, 1952, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ralph Calandella M.D Keyser Md Dec 1-52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF 12/3/52
NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
LOCATION (City, town, or county) (State) Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. 12-2-52
REGISTRAR'S SIGNATURE Julia A Rowan L.R
24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

RECEIVED
DEC 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12606

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) 14 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tunnelton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) Belle (Last) Wilson
4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/14/1887
9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Jacob Sliger
14. MOTHER'S MAIDEN NAME: Mary Uphold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -------
17. INFORMANT AND ADDRESS: Victor C. Wilson Tunnelton, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension cardio-vascular disease — years

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous stroke

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Sept, 1951, to 28 Oct, 1952, that I last saw the deceased alive on 28 Oct, 1952, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. L. Lusby M.D. | ADDRESS Oakland, Md | DATE SIGNED 3 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/5/1952 | NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery | LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REG. 11/5/1952 | REGISTRAR'S SIGNATURE Julia A. Rowan | 24. FUNERAL DIRECTOR Herbert E. Leighton | ADDRESS Oakland, Md.

RECEIVED
NOV 24 1952
BUREAU V. S.